Docket No.: 01-2861

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

and which is described and claimed:

My residence, post office address and citizenship are as stated below next to my name.

I am an original, first, and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled

MEDICAL DEVICES VISIBLE UNDER MAGNETIC RESONANCE IMAGING

X	_in the attached application including specification and claims if this line is marked, or

marked, or	
in the original specifica	tion and claims filed
on	as U.S. Patent Application Number
or PCT International	Application Number

I hereby state that I have reviewed and understand the contents of the aboveidentified specification, including the claims, as amended by an amendment, if any, specifically referred to in this declaration.

I acknowledge the duty to disclose all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

NONE

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the

claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56, which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Continuation-In-Part of Serial No.: 09/993,907 Filed: 11/27/2001

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

I hereby appoint David B. Bonham (34,297), Stuart H. Mayer (35,277), Karin L. Williams (36,721), Michael P. Fortkort (35,141), Mark K. Young (38,666), and Heather L. Mansfield (39,157) whose post office address is: Mayer Fortkort & Williams, PC, 251 North Avenue West, 2nd Floor, Westfield, New Jersey 07090, or their duly appointed associate, my attorneys or agents with full powers of substitution and revocation, to prosecute this application, and to transact all business in the U.S. Patent and Trademark Office in connection therewith.

Direct Telephone calls to: David B. Bonham 703-433-0510

Direct all correspondence to the address:

Mayer Fortkort & Williams, PC 251 North Avenue West, 2nd Floor Westfield, New Jersey 07090

CUSTOMER NUMBER 27774

SIGNATURE PAGE

Full name of first joint inventor	:	Sheng-Ping Zhong
Inventor's signature	:	
Date	:	
Residence	:	8 Dickinson Circle Shrewsbury, MA 01545
Citizenship	:	USA
Mailing Address	:	Same as above
Full name of second joint invent	or:	Enxin Ma
Inventor's signature	•	mxu fr
Date	:	12-30-2003
Residence	:	11 Post Oak Lane, #12 Natick, MA 01760
Citizenship	:	USA
Mailing Address	:	Same as above
Full name of third joint inventor	:	Kinh-Luan Dao
Inventor's signature	:	
Date	:	
Residence	:	67 Allen St. Randolph, MA 02368
Citizenship	:	USA
Mailing Address	:	Same as above

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Full name of second joint invent	tor:	Enxin Ma
Inventor's signature	:	·
Date	:	:
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nventor's signature	:	Khllson
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